

## Scope of Work for developing a civil society strategy

### 1.0 BACKGROUND

Key among Uganda's development challenges are poor health indicators and widespread poverty. A myriad of health and social challenges affect Ugandans, such as a high fertility rate (6.2%) coupled with a high unmet need for family planning; a high burden of infectious diseases among the population, a maternal mortality ratio of 435 per 100,000; infant and child mortality of 54 and 90 per 1,000 respectively; only 60% of households nationwide own one or more insecticide-treated nets and 71% of pregnant women and 63% of children under five slept under an ITN; up to 96% of children under 18 are considered vulnerable of which 51% are moderately or critically vulnerable.

Uganda is still experiencing a generalized HIV epidemic. Prevalence has increased from 6.4% in 2004/05 to 7.3% of adults following the Uganda AIDS Indicator Survey, 2011. The overall prevalence of 7.3% masks the wide heterogeneity in sex, region and age. For instance, HIV prevalence is higher in urban areas and among widowed, divorced or separated adults and among uncircumcised men. The number of adults living with HIV has similarly risen to 1.38 million, 55% of whom are women. Although the epidemic affects all population groups, there are key populations (sex workers and their partners, fisher folk, uniformed servicemen, long-distance truckers) that are more susceptible to infection, bear a disproportionate burden of HIV, and are at-risk for bringing infection to the general population.

Uganda's health sector faces many challenges: poor funding of healthcare services which impacts on the quality of health care provided; drug shortages at the facilities; inadequacies in the national drug distribution system leading to erratic drug distribution; chronic shortage of trained health workers especially at lower health centers, thus overworking the available ones; lack of staff accommodation and appropriate medical equipment. These challenges go beyond quick technical fixes; they point to the overall weak governance of Uganda's health sector and service delivery and present opportunities for CSOs engagement in the health sector.

Given the weaknesses in the delivery of health care in Uganda, USAID's primary strategy is to contribute to the improvements in the health outcomes working with the government, other development partners, civil society and private sector to strengthen health systems and improve the availability, accessibility and quality of health services. USAID proposes to work with civil society organizations because they are well positioned to address some of these health and societal challenges as they facilitate peoples' political, civil, economic, social and cultural rights.

Government is cognizant of the role and contribution of civil society in ensuring that critical interventions needed to attain the overall goals of the health sector are implemented. Civil society is seen to have a comparative advantage in providing basic services to the vulnerable groups, in marginalized areas, rural and poor communities in ways government cannot. Despite the important role played by civil society, its contribution to national development is not appropriately acknowledged. The National Development Plan 2011-2015 states that little is empirically known about what the civil society does, where they do it and what impact it has on the overall national development. It should be acknowledged that the traditional role and

comparative advantage of civil society is not only in direct service delivery, but also in advocacy, networking and serving as a watchdog to the public social and economic provisions. It is therefore imperative that Ugandan civil society is strengthened through capacity building to enable them balance the roles of service delivery and advocacy.

Therefore, strengthening the support to CSOs presents USAID with an opportunity to use resources more efficiently, effectively and to strengthen collaboration and partnership with other donors. However, coordination remains a key challenge: multiple donor efforts channeled through multiple CSOs are potential for duplication of efforts and so there is a real need for harmonization of efforts. The CSF model has been and remains an ideal coordination mechanism to provide grants to CSOs to scale up effective and comprehensive quality services.

USAID/Uganda Development Objective 3 (DO3) seeks to facilitate improved engagement of civil society in an attempt to relieve the burden on the public sector and increase the likelihood of achieving sustainable improvements in health and education outcomes. With concerted and coordinated support, CSOs can partner more effectively with the government and the private sector to deliver improved services. They can also influence key policies, decision makers and increase participation by strengthening citizens' voices and empowering communities; they can demand for transparency and accountability from the government; and, they can be advocates for the poor and marginalized groups.

## **2.0 SCOPE OF WORK**

USAID/Uganda needs technical assistance to undertake the following:

### **1) Develop a strategy for engagement with civil society**

DO3 is keen to ensure that the strategy is effectively used to plan, manage and monitor our portfolio in order to achieve intended development/strategic results. The team will consider how DO3 can support civil society across diverse contexts, thematic areas to increase transparency, accountability, and performance and increase integration of civil society interventions. The strategy must therefore be evidence-based, sustainable and well integrated in DO3. The design team will define a comprehensive strategy that addresses HIV/AIDS, tuberculosis, malaria, family planning/reproductive health (FP/RH), maternal, neonatal and child health (MNCH), and nutrition working with civil society partners in partnership with the public and private sectors. The strategy will facilitate decision-making processes of HHE in determining how best to engage with civil society for relative success and effectiveness.

Specifically, the team will:

- Develop a strategy to engage with civil society that reflects a common understanding of the role of civil society in DO3. The strategy will map out opportunities for improving our current approaches and activities. It should capture and reflect the broad, dynamic civil society in a manageable and meaningful manner. It should leverage opportunities with other DO3 programs particularly the district based technical assistance programs and the support from other development partners.

- Recommend key areas of focus and consideration for future programming;
- Highlight challenges and recommend appropriate approaches/interventions to improve programming for civil society.

2) The team will develop indicators for tracking CSO performance for the DO3 PMP.

### **3.0 PERFORMANCE PERIOD**

Background reading to begin approximately January 24-31, 2013

In-person Consultations approximately February 1 – February 22, 2013

Final report written approximately February 22-28, 2013

\*\*\*Note: These dates are subject to change any time.

### **4.0 DELIVERABLES AND PRODUCTS**

The final output will consist of an analytic report that includes recommendations for more efficacious civil society engagement and establishes an evidence base that will inform HHE's decision making. The report should also identify risks, how to manage them and overcome the barriers associated with civil society in Uganda.

Written in English, this document will be clear, coherent, appropriately scaled, and aligned with USAID Forward, Global Health Initiative, USAID/Uganda Country Development and Cooperation Strategy (CDCS), the National Strategic Plan for HIV/AIDS, the National Prevention Strategy and Government of Uganda's Health Sector Strategic Investment Plan (GOU/HSSIP).

### **5.0 QUALIFICATIONS**

Design Consultant(s) will be seasoned social science professionals with 10 years' experience in development, civil society/civic engagement, health program design, strategy development and management at senior levels and have excellent writing skills. The consultant(s) must have played a significant role in designing a civil society health program spanning across various health thematic areas stated above, and will have experience working with, managing or evaluating civil society, public and private sector health activities in developing countries. Knowledge of USAID planning policy (ADS 201) is an added advantage. The consultant (s) will be responsible for getting quality products to USAID on a timely basis. Consultant(s) must be fluent in English.

## **ANNEX 1**

### **Brief descriptions of other USAID programs**

There are several projects/programs in the DO3 portfolio. However a few have been briefly described below, which will CSO program will work closely with:

The Strengthening Decentralization for Sustainability (SDS) project, implemented in 35 districts by Cardno provides technical assistance in the areas of LG management systems to LGs at district levels and below. It has four main objectives: to coordinate USAID activities at district and sub county level; strengthen management of resources and program results at district and Sub-county level; improve local government support for social sector service delivery; and to institute innovative approaches to sustain social sector service delivery.

The Strengthening Tuberculosis (TB) and HIV/AIDS responses (STAR) in East Central, East and South Western. These 3 projects are implemented by John Snow Inc (JSI), Management Sciences for Health and Elizabeth Glaser Pediatric AIDS Foundation respectively. The goal of these projects is to increase access to, coverage and utilization of quality comprehensive TB and HIV/AIDS prevention, care and treatment services. The projects aim to strengthen decentralized HIV/TB service delivery systems, with emphasis on health center IVs, IIs and community outreaches; improve quality and efficiency of HIV/TB services within health facilities and community service organizations/groups; strengthen networks and referrals systems to improve access to, coverage of and utilization of HIV/TB services while intensifying demand generation activities for HIV/TB prevention, care and treatment services.

The SUNRISE-Orphans and Vulnerable Children (OVC) project, implemented by International HIV/AIDS Alliance focuses on strengthening local government and community systems to improve access to, utilization and coverage of quality essential services for vulnerable children in 80 districts. It has four main objectives: support local governments to effectively plan, manage and coordinate implementation of comprehensive services for OVC at all levels; increase demand and utilization of OVC data and strategic information by districts; support local governments and CSOs to monitor and measure quality of services to OVC and their households; and support local governments and CSOs efficiently use existing and raise additional resources to implement OVC plans.

The SCORE project implemented by Association of Volunteers in International Service Foundation focuses on decreasing vulnerability of critically vulnerable children and their households. It has four main objectives: to improve the socio-economic status of VC households; to improve the food security and nutrition status of VC and their household members; to increase availability of Protection and Legal Services for VC and their household members; and, to increase capacity of vulnerable women and children and their households to access acquire or provide critical services.

SMMORE is implemented by UNICEF. It addresses the capacity gaps of the Ministry of Gender, Labour and Social Development to enable it plan, lead and manage the national response to vulnerable children. It has three objectives: to build and enhance the capacity of the MGLSD and NCC to lead and coordinate a functioning multi-sectoral national OVC response that supports district coordination and planning mechanisms; to strengthen the capacity of the MGLSD to routinely utilize data from the OVC MIS (and other relevant data sources) to inform central planning and to monitor and evaluate the OVC response; and to support the MGLSD

through effective coordination and advocacy strategies to increase the GoU budget allocation for the OVC response up to fifty per cent.

IRCU focuses on scaling up access to and utilization of quality HIV/AIDS prevention, care and treatment through the network of faith-based organizations and community-based organizations. This includes scaling up access to appropriate support services for orphans and vulnerable children as well as their caretakers.

TASO's goal is to increase use of quality of services by HIV positive individuals, households, families and OVCs in the project area through increased access to quality of HIV prevention, care, support and OVC services and enhanced capacity of indigenous organizations. It has 3 objectives: increase access to quality HIV prevention, care and support and OVC services; increase quality of HIV prevention, care, support and OVC services; and enhance capacity of indigenous organizations.

RHU's goal is to increase use of quality of services by HIV positive individuals, households, families and OVCs in the project area through increased access to quality of HIV prevention, care, support and OVC services and enhanced capacity of indigenous organizations. It has the following objectives: increase access to quality HIV prevention, care and support and OVC services; increase quality of HIV prevention, care, and support and OVC services; and enhance capacity of indigenous organizations.

Health Initiatives for the Private Sector (HIPS) Project implemented by Cardno/Emerging Markets Group works with the Ugandan business community to find cost-effective ways to ensure access to vital health services for company employees, their dependents and the surrounding community members. Specifically, the Project facilitates partnerships and provides technical assistance to design and implement comprehensive workplace health programs that maximize the accessibility of HIV/AIDS, TB & Malaria prevention and treatment services and improve use and knowledge of RH and Family Planning services and products.

CSF is a jointly donor funded mechanism, which aims to support and engage with civil society organizations to enable an effective, scaled-up, comprehensive response to HIV/AIDS and OVCs. Current partners include the Danish Agency for International Development (DANIDA), Irish Aid (IA), the United Kingdom Department for International Development (DFID), the Swedish International Development Agency (Sida), and the United States Agency for International Development (USAID). The CSF addresses HIV/AIDS and other socio-economic challenges for OVCs, through the harmonization of civil society delivery and support to HIV/AIDS prevention, care, treatment and support services thereby increasing awareness, knowledge and demand for services. Activities of the fund are supported through annual contributions from the donors. The goal of the CSF is to ensure that civil society provision of prevention, care, treatment, and support services in HIV/AIDS, TB and Malaria is harmonized, streamlined, effective, and in support of the NSP, NSPPI, National Priority Action Plan, and other national plans and policies.

RECO aims to expand access to essential services for orphans and other vulnerable children and their caregivers and households. It promotes increased agricultural production and livelihoods diversification to OVC households to strengthen their food security; it promotes increased access and retention of vulnerable children in schools to realize equal education opportunities for all children; and enhances asset growth for OVC and their households through life skills training and support for formation of saving schemes.

STRIDES “For Family Health” implemented by Management Sciences for Health (MSH) in 15 districts aims to improve the quality of and increase access to integrated reproductive health, family planning and child survival services at the facility and community levels and to contribute to the government’s objectives to improve the health of families and communities, fertility reduction, and lower the maternal, newborn, infant and child morbidity & mortality. STRIDES trains and supports health service providers and renders them fully functional to deliver quality, integrated services to the population.

The Long Term Methods Project, implemented by Marie Stopes Uganda has received funding from USAID to improve access, especially at the community level and in rural areas, to affordable, quality family planning services and a wide range of contraceptive methods, including long-term and permanent methods. This project helps to satisfy the high level of unmet demand for family planning in Uganda. The Program will operate in all target districts.

Scaling up comprehensive HIV/AIDS prevention, care and treatment implemented through the Inter-Religious Council of Uganda (IRCU), a faith based network which brings together five major traditional religious faiths in Uganda. It is. This project builds on the wide network of health facilities, organizations, structures and the historical role of faith based organizations as pioneers of social service delivery in Uganda. The mechanism presents opportunities for rapid expansion of access to HIV/AIDS services. Activities include rolling out the faith based approach to prevention, delivery of care and support services to people living with HIV/AIDS, orphans and other vulnerable children, as well as HIV/AIDS clinical care and treatment.

The AFFORD/Uganda Health Marketing Group (UHMG) project implemented by Johns Hopkins University works with communities, private sector service providers to social market, and increase visibility and demand for a range of HIV/AIDS, and MNCH/RH products and services. Promotional activities targeted at the community level, aim at sensitizing and engaging them to adopt healthy behaviors. Specifically, UHMG supports and builds the capacity of private sector service providers, to deliver health services and products. These services include family planning, HIV prevention and care, malaria prevention and child health services. UHMG has franchised two hundred (200) Good Life clinics across Uganda, including in the target districts.

The Securing Ugandans’ Right to Essential Medicines (SURE) Program implemented by Management Sciences for Health (MSH) supports the strengthening of the national pharmaceutical supply system. The MOH Pharmacy Division has endorsed the national roll-out of a standard district support package designed to strengthen the capacity of districts and health facilities to effectively plan, manage and monitor their health commodities. The district support package, developed in collaboration with the SURE program, includes training of Medicines Management Supervisors (selected from district health team), routine performance monitoring of facilities in supply chain management, provision of motorcycles and fuel for supervision activities, training in pharmaceutical financial management, a performance-based reward scheme, computerization of hospital medical stores, and facility accreditation in Good Pharmaceutical Practices. SURE is implementing the district support package in four (4) target districts.

The Uganda Capacity Program (UCP) implemented by IntraHealth International seeks to strengthen the human resources needed to implement quality health programs through improved workforce planning, allocation and utilization, improved health worker skills, and strengthened systems for sustained health worker performance on the job to meet performance expectations and remain on the job. UCP implements activities in all target districts.

The Targeted HIV/AIDS Laboratory Services (THALAS) implemented by Joint Clinical Research Center project is a five year USAID supported program. The project successfully transitioned direct HIV/AIDS care and treatment activities to public sites that continue to receive technical assistance through Strengthening Uganda's Systems for Treating AIDS Nationally (SUSTAIN) project. Through its Regional Center of Excellence (RCE) in Gulu, THALAS continues to provide advanced lab services including CD4 count, viral load test, and DNA-PCR for early infant diagnosis for all HIV/AIDS care and treatment units in northern Uganda. THALAS will also build capacity and quality of selected Regional Referral Hospitals so that they implement good clinical laboratory practices and be able to conduct critical test for HIV/AIDS diagnosis and disease monitoring.

The SUSTAIN project implemented by University Research Council (URC) is focused on the provision of technical assistant to regional referral hospitals and selected district hospitals on comprehensive HIV/AIDS care, treatment and PMTCT services. SUSTAIN will coordinate with THALAS so that all supported facilities are linked to lab services provided by THALAS RCEs and work with THALAS to transfer skills and experience on laboratory management to selected public health facilities (including regional referral hospitals).

The Healthcare Improvement (HCI) Project implemented by URC supports the improvement of quality of comprehensive HIV/AIDS care and treatment at central, district and facility level. HCI project also builds capacity of USAID development partners to develop quality improvement (QI) interventions in line with the national QI framework. Currently, HCI is in the process of transitioning supported health facilities and district QI teams to the District-based Technical Assistance programs.

The Advocacy for Better Health program is currently in procurement. The goal of the program is to contribute to the improvements in quality, availability and accessibility of health services. The purpose of the program is to increase the citizens' voice for quality service delivery. The objectives are 1) to improve the capacity of communities to better identify and articulate their needs, and their ability to demand for quality services; 2) to build the capacity of civil society organizations to advocate and represent the community demands for better improved quality services; and 3) to support civil society to develop effective advocacy initiatives to achieve well defined goals or policy reforms.

A new communication activity will seek to improve Uganda's national HIV/AIDS and health response through strengthened health communication.

A new nutrition activity will focus on prevention and treatment of malnutrition as well as capacity building at various levels.

A new TB activity will focus on providing technical assistance to enhance technical and leadership capacity for TB, TB/HIV and MDR TB control, and support the expansion of Community Based Directly Observed Therapy Short Course.

#### Programs from other DOs

The Community Connector program will be USAID/Uganda's flagship program to provide a comprehensive and multi-sectoral approach to poverty, food insecurity, and under-nutrition in Uganda, targeting those communities that witness disproportionate levels of each.

A new governance project GAPP under DO2 will seek to promote “more equitable, efficient and effective service delivery” in selected districts in Northern Uganda. This program seeks to increase participation, accountability and local governance for effective service delivery. The activity will have a voice and accountability component and will provide grants to support national and local level advocacy efforts for legal and regulatory reform. The activities will include: strengthening non-state actors through advocacy, capacity building, monitoring government expenditure and resources.

### Development Objective 3 – Results Framework

